

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012287

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 177

Primary Registration District No. 5649

Registrar's No. 44

STATE FILE NUMBER

FILED APR 8 1963

## 1. PLACE OF DEATH

a. COUNTY

Barry T. Lawrence Line.

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Pierce TWP.

Length of stay in 1b

7 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

RFD 2

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Barry

Inside Limits

Yes ☐ No ☒c. CITY  
OR TOWN

Monett

d. STREET  
ADDRESS

(If outside, give location)

RFD #2

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Charles

M

Brown

4. DATE  
OF DEATH

Month

Day

Year

April

1

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

## 9. AGE (last birthday)

## IF UNDER 1 YEAR

## IF UNDER 24 HR

3-30-1899

64

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Railway Express

## 10b. KIND OF BUSINESS OR INDUSTRY

Messenger

## 11. BIRTHPLACE (City and state or country)

Weatherford, Tex.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

James Murphy Brown

## 13b. MOTHER'S MAIDEN NAME

Ida Ellen Freeman

## 14. NAME OF HUSBAND OR WIFE

Lelia Brown

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW 2

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Lelia Brown Rt. 2, Monett

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Occlusion of coronary artery

INTERVAL BETWEEN  
ONSET AND DEATH

Seconds

## DUE TO (b)

Arteriosclerosis

Few years

## DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

6-23-62

to 4-1-63

and last saw him alive on 3-28-63

## Death occurred at

1:50 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree title)

J. H. Glau, Jr. M.D.

## 22b. ADDRESS

315 1/2 Broadway Monett, Mo.

## 22c. DATE SIGNED

4/3/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

4-4-63

## 23c. NAME OF CEMETERY OR CREMATORY

I.O.O.F. Cemetery

## 23d. LOCATION (City, town, or county)

Monett

## (State)

Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Mercer Funeral Home Monett, Mo.

## 25. DATE RECD. BY LOCAL REG.

4-4-63

## 26. REGISTRAR'S SIGNATURE

Mrs P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1 0550

2 0050,

3

4 0

5 1

6

7 1

8 2

9 4201

10

11

12 90-0

13 2-0

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 18 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Roy B. Mercer*

Licensed Embalmer No. 4432

P. O. Address

*Monett, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.